

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3697

STATE FILE NUMBER 63-046303

**FILED DEC 16 1963**

1. PLACE OF DEATH  
a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Richmond Heights

Length of stay in 1b  
DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Mary's Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Clayton

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
7716 Shirley Dr.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First MARGUERITE Middle SHIELDS Last CHRISTY

4. DATE OF DEATH  
Month December Day 2 Year 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
9/10/1891

9. AGE (last birthday)  
72

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Own home

11. BIRTHPLACE (City and state or country)  
Coultersville, Pa.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

James Walker Shields

13b. MOTHER'S MAIDEN NAME

Abigail Wray

14. NAME OF HUSBAND OR WIFE

William T. Christy, III

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
[REDACTED]

17. INFORMANT  
Address  
William T. Christy, III 7716 Shirley Dr.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Arteriosclerotic H. Disease

3 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
COUNTY STATE

21. I attended the deceased from 11/14 55 to 12/2/63 and last saw her alive on 12/1/63  
Death occurred at 3:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Michael B. Alexander

(Degree or title)

22b. ADDRESS

4660 Maryland

22c. DATE SIGNED

12/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
12/3/1963

23c. NAME OF CEMETERY OR CREMATORY  
Bellefontaine Cemetery

23d. LOCATION (City, town, or county)  
St. Louis

(State)  
Missouri

24. FUNERAL DIRECTOR

Alexander & Sons 6175 Delmar Blvd.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-3-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Bawell 4660 Maryland  
Fol6074

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by R. Palmer Woods, Student Embalmer No. 717  
working under my personal supervision.

Student

R. Palmer Woods

Signature of Student Embalmer

Signed

Vernon C. Vedder

Licensed Embalmer No.

5031

P. O. Address

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.